

2019–2020 ANNUAL REPORT

Driving Innovation, Advancing Service



BCCDC Foundation
for Public Health

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LETTER FROM BOARD CHAIR

When the Board and staff gathered to contemplate and prepare our strategic plan for the future in 2018, with addressing threats, reducing harms, and emerging areas identified as our key priorities, we had no idea how well this would prepare us for the global pandemic which came to light towards the end of 2019-2020. Until that point we were actively and successfully breathing life into our new plan. We were creating new partnerships and holding community events to help demystify public health. We lead campaigns to reduce substance use stigma and to encourage a shift in how we think about health. We relaunched our website, redoubled our social media efforts and produced our monthly newsletter aimed at sharing critical public health information in a timely manner. The details of this important work are included in the “Our Work” section of this report.

Then COVID-19 struck, and our focus shifted to helping the BC Centre for Disease Control, working together with the BC Government and public health agencies and governments across Canada and around the world, fight this virus on all our behalf’s.

As this happened towards the end of our annual reporting period, our next report will provide details on the extraordinary work we facilitated that helped

protect our province from even greater harm. I will say this though, we were humbled and encouraged by the outpouring of public support for our Emergency Response Fund launched in January 2020. Thanks to our donors, we were able to provide crucial funding for the province wide BCCDC COVID-19 - SPEAK Survey. Ours was the only province to engage citizens in this manner and the information provided was vital to helping mitigate the social and economic impacts of the virus while also helping to understand its spread. As Directors we understood the importance of the work we were undertaking to promote and protect health, prevent harm and prepare for threats. The pandemic has shone a light on the fragility of public health globally and the need for even greater effort to prepare for and help prevent another pandemic from happening. We are committed to doing so and I thank all Directors for their exceptional vision and support this past year. I would also like to thank our staff, for working so diligently, passionately and effectively under extraordinarily challenging circumstances.

A very special thank you to all our donors. We could not do what we do without you. Thank you for sharing our vision and making public health a priority. We wish you all good health for the coming year.



Cathy Dominato, BSc, MBA

CHAIR - BOARD OF DIRECTORS

OUR ORGANIZATIONAL UPDATE

Throughout 2019-20, the BCCDC Foundation for Public Health has been implementing our first Board-driven strategic plan that outlined a set of key objectives, guiding principles, and specific elements to drive our success. By developing a refined and focused strategy, our aim was to support initiatives that improve population and public health outcomes. Implementation of our plan was evident through 2019-20, as we focused our efforts on developing a fund development strategy and a communications/marketing strategy; continued to build our dedicated and engaged Board of Directors; launched new public-engagement activities; built new partnerships in more diverse areas and with external stakeholders, including moving into the public realms; identified priority areas and aligned projects for both philanthropic and profile-raising purposes; and continued to work closely with the BC Centre for Disease Control (BCCDC).

The BCCDC Foundation was also ready to grow and we expanded our team and expertise in 2019-20. In addition to some new consultants to support our work, we expanded our staff team by adding a new position to support our fund development and marketing strategies: in February 2020 we hired a Development and Communications Coordinator, Kim Acedo, and the timing of this addition would prove very valuable. You can read more about Kim and our staff team [here](#). The Board of Directors was pleased to add two new

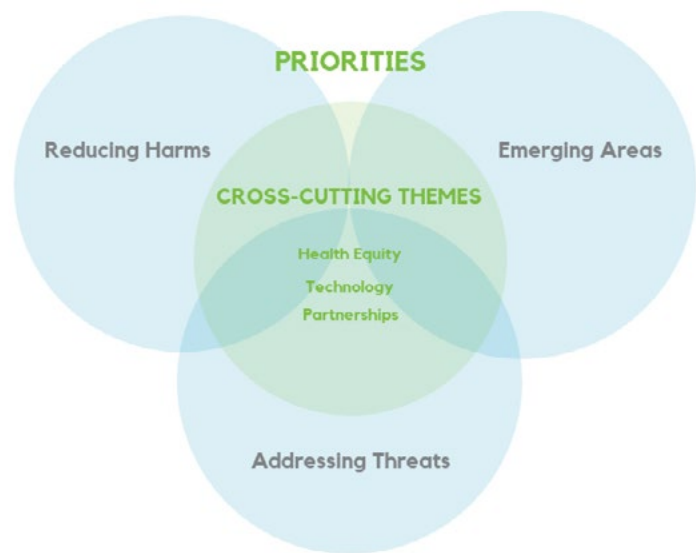
members: Ben Milne and Douglas Nelson joined the Board in January 2020. Both bring a wealth of experience and passion to the Foundation and we're thrilled to have them join the team. You can read more about Ben, Doug, and all our Directors [here](#).

Lastly, another major change occurred towards the end of the year. Dr Reka Gustafson joined the BCCDC Foundation as Vice President, Public Health and Wellness for PHSA, and in this role leads the integration of population and public health promotion, planning and prevention across PHSA's clinical programs, provides leadership to the BCCDC Foundation, and serves as Deputy Provincial Health Officer, where she is responsible for the delegated functions of the BCCDC Foundation under the Public Health Act. We have enjoyed getting to know Dr Gustafson and working together to advance public health in BC.

Fiscal 2019-20 proved to be a very busy, exciting, and impactful year—with our focus on growth, sustainability, on-boarding new team members, developing key priorities and projects, and many other factors we continue to be excited to become BC's leading public health charity, and we remain grateful to everyone who is helping us move forward on this journey.

OUR WORK

Making the decision to invest in an expanded business model, setting three priority areas, and putting a strong focus on several core projects enabled the BCCDC Foundation to direct capacity and energy, showcase our capabilities, demonstrate success, and make a greater contribution to public health in BC. In addition to our cross-cutting themes that underpin our work—health equity, partnerships and technology—we work in three priority areas: reducing harms, addressing threats, and emerging areas.



PRIORITY AREAS & PRIORITY PROJECTS

Through our Reducing Harms priority area, we partnered on Compassion, Inclusion, and Engagement (CIE). CIE is a province-wide initiative of the BCCDC in partnership with the First Nations Health Authority that builds capacity for emerging peer (people with lived and living experience) groups to organize and engage in anti-stigma, harm reduction, and overdose response work in their communities. CIE develops skills and capacity for these groups to grow and ultimately become self-sustaining, and provides grants to carry out their work. We were able to contribute enough funds to support 15 peer grants

and capacity-building in communities across BC that would not have otherwise been supported.

Through our Addressing Threats priority, we launched a research project focused on the prevention of asthma. New evidence suggests that limiting antibiotic use in infants can lead to fewer cases of asthma in children by preserving a healthy gut microbiome. Asthma is the most prevalent chronic childhood disease—being able to reverse the asthma epidemic would save hundreds of thousands of children across the country from unnecessary suffering, their families from worry, and

alleviate massive burden on our health care system. Through our Emerging Areas priority we launched our Emergency Response Fund (ERF) in late January to address the emerging COVID-19 pandemic. As one of the first charities in Canada to respond to COVID-19, we have been and continue to be deeply committed to supporting the BCCDC and our public health leaders across BC as we navigate the global pandemic. Our ERF was prepared to support a range of activities depending on emerging situations. We didn't know at the time how critical our efforts would become. From the time we launched the fund to March 31, 2020 we were already well-positioned to support BC's COVID-19 Pandemic Response thanks in part to a sizeable amount of individual donations

OTHER PROGRAM HIGHLIGHTS

We were thrilled to be able to support a project that is pivotal to addressing health inequities and supporting LGBTQ2S+ rights. "Sexual Orientation and Gender Identity and Expression Change Efforts (SOGIECE): Ending conversion therapy in Canada" is a project led by Dr Travis Salway, in partnership with the Community Based Research Centre, that brought together survivors, community leaders, researchers, and allies to address the current and future states of sexual orientation and gender identity and expression change efforts. With the support of our generous donors, a group of 31 people were able to come together in Vancouver in November 2019 to share professional and lived experiences about SOGIECE in a supportive, affirming, and collaborative environment; identify key health and social service needs to SOGIECE survivors; exchange ideas about pan-North American interventions, including policy and advocacy work, public awareness and education, and improved supports for SOGIECE survivors; and determine how research could be undertaken to fulsomely characterize the prevalence and nature of SOGIECE in Canada, as well as to inform interventions to prevent new harms and ameliorate ongoing negative health and social impacts of SOGIECE. Shortly following this event,





in December 2019, Prime Minister Trudeau directed the government to “amend the Criminal Code to ban the practice of conversion therapy and take other steps required with the provinces and territories to end conversion therapy in Canada.”

As part of our suite of food safety activities we’ve been working on in partnership with the Ministry of Health, we made a significant investment into Whole Genome Sequencing (WGS) to promote food safety in BC by developing information to help reduce the incidence of foodborne illnesses related to Salmonella Enteritidis, Listeria monocytogenes, and other foodborne pathogens. Food samples collected from various food establishments (e.g., retail, food services, processing) and samples linked to foodborne illness outbreak investigations are ongoing WGS in order to provide data that will help food processors enhance their food safety and sanitation processes and plans, and ultimately improve the food safety in BC.

We believe a cornerstone of public health work is immunization awareness and education, and addressing vaccine hesitancy and misinformation. Working with one of our public health partners, the

Public Health Association of BC (PHABC), as well as the BCCDC, we provided funding to support I-Boost Immunity and Kids Boost Immunity, two inter-related initiatives that have at their heart core principles of education and engagement about the importance of vaccination, awareness about immunizations, and the importance of evidence-based learnings for youth and adults alike that also incorporates a social justice and global health lens. We’re grateful to our funding partners for allowing us to work towards such important goals like improving vaccination rates and awareness, and reducing vaccine hesitancy.

One of our longest running and successful programs, our Open Awards Program (OAP) awarded \$84,000 for 11 projects in 2019-20. Some examples of this year’s funded projects include: “KALAMITY: Kombucha Alcohol Levels Affecting pregnant Mothers Including Toddlers & Youth”, “Whole Genome Sequencing to inform Hepatitis C surveillance and treatment in BC”, “Understanding the short-term and long-term clinical outcomes of reduced antibiotic prescribing in BC’s newborn patient population”, “One-Health Workshop Fostering Transnational Research Collaborations

“It’s with great fondness and a touch of awe that I reflect on all that we’ve accomplished in the past year. For a small team, we like to tackle big things and do so with heart and tenacity. By continuing to focus on prevention, health promotion, and equity, we’re ready to springboard into another year of positive public health outcomes for BC.”

-Kristy Kerr, Executive Director, BCCDC Foundation for Public Health

on Leptospirosis: An Emerging BC Threat”, “Buprenorphine/naloxone standard dosing and microdosing in the emergency department: A feasibility study”, “Mapping Immunization Coverage of Children in BC”, and “Fecal Pollution Identification (FP-ID): Laboratory Methods for Determining the Sources of Fecal Pollution in BC Water”.

The fall 2019 competition marked our final competition of the OAP. The BCCDC Foundation is very proud to have funded over 50 grants since its first competition in 2014. Twelve rounds of competition later, we have provided over \$400,000 in research/knowledge translation funding to BCCDC researchers to help with pilot funding, new team building, and student training. We have been very gratified to watch the initial funding grow, in some cases, to larger projects receiving funding from national and international sources, and to watch results being implemented into policy. Our goal with the OAP was to support and build the research enterprise at the BCCDC, and to add to the overall robustness of the scope of research being done at the Centre, and we can say with utmost confidence that we have been able to reach that goal.

We would like to thank the members of our dedicated Scientific Advisory Board for their work over the years, and their commitment to ensuring we are funding quality projects. We'd also like to acknowledge all the BCCDC Faculty and researchers who have produced excellent results through this program, and have helped to improve public health outcomes in BC. We will be evaluating the OAP and its outcomes as we look ahead to what types of funding would be most optimal to

support our partnership with BCCDC, and to support public health more broadly.

Several of our long-term projects continued through 2019-2020, demonstrating key outcomes: Complex Chronic Disease Program support for a research assistant and a new “BCCDC Foundation Research Scholar Award” to support a research program in CFS/Myalgic Encephalomyelitis at Women’s and Children’s Hospital; Ministry of Agriculture Food Safety programs; PHSA Labs Systems improvements; Ministry of Health Foodborne Illness programs, and Preventing Syphilis among HIV-positive Gay, Bisexual and Other Men Who Have Sex With Men.

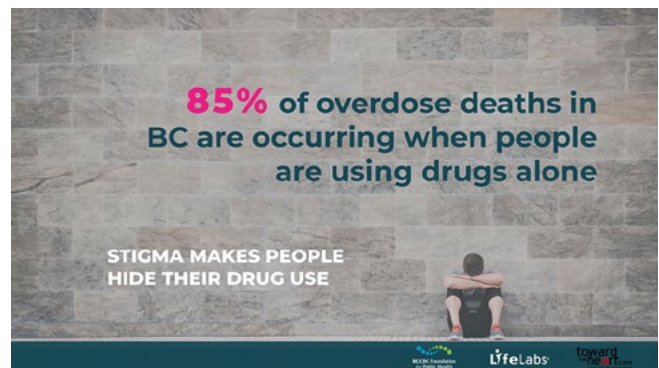
Dr. Troy Grennan, principal investigator for the Preventing Syphilis project had this to say about working with the Foundation:

“THE SUPPORT OF THE BCCDC FOUNDATION WAS PIVOTAL IN ALLOWING OUR TEAM TO PURSUE KEY QUESTIONS AROUND THE SEXUAL HEALTH OF GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN (GBMSM) IN BC. OVER THE LAST SEVERAL YEARS, BC HAS SEEN A DRAMATIC RISE IN BOTH SYPHILIS CASES, ALONG WITH THE OCCURRENCE OF SERIOUS SYPHILIS COMPLICATIONS – BOTH OF WHICH DISPROPORTIONATELY IMPACT GBMSM. THROUGH THE SUPPORT OF THE BCCDC FOUNDATION, WE WERE ABLE TO COMPLETE A SERIES OF PROJECTS EXAMINING THE DRIVERS OF THE SYPHILIS EPIDEMIC IN THESE POPULATIONS, AS WELL AS EXAMINING THE ACCEPTABILITY OF DIFFERENT PREVENTION OPTIONS, WHICH HAS HELPED INFORM OUR APPROACH TO THE OVERALL MANAGEMENT OF THIS INFECTION IN THE PROVINCE.”



OUR CAMPAIGNS

Public engagement and raising awareness of population and public health is vital to our work, and to our mission. We believe that raising awareness, providing education, and sharing evidence-based information is an important part of being a public health foundation. In 2019-20, we launched two core campaigns: one addressing stigma related to the overdose crisis; the other a broad call to action to get everyone involved in, and excited about, the health of our population.



WORDS MATTER

In April 2016, a public health emergency was declared due to the increasing number of overdose events and deaths. As part of our reducing harms priority, we are prepared to address the overdose crisis and work towards putting an end to the emergency. One of the key contributing factors is stigma—stigma causes people to use alone, avoid healthcare and services, and hide their substance use from loved ones. When people use alone, or don't access care, we are failing them. In order to reach a broad population, working with the BCCDC Harm Reduction team, we developed an anti-stigma campaign consisting of three short videos, as well as downloadable resources. The

campaign focused on language, because how we speak about and with people who use substances can either create stigma, or help to break it down. We partnered with LifeLabs who aired the videos across all their services centres across BC, one video per month, over three months. Through this partnership, we reached easily over a million people across BC during the three-month time period through screens in clinics, as well as exposure on Facebook, Instagram, Twitter, and LinkedIn. The main goal was to raise awareness about the overdose crisis, stigma, and that 'words matter'. You can check out the videos and all of our resources, [here](#).

ACTIVATE HEALTH

In the summer of 2019, we launched our Activate Health campaign, AKA “our battle cry for British Columbians”, with the intention of creating a dialogue around what health means and why we need to think about health through a different lens—one that focuses on preventing problems before they exist, rather than treating illness and injury after the fact. By the way of Instagram, we invite our followers to “Activate Health” through various calls to action, and in doing so, encouraging them to be a health ambassador in their communities.

To reach our current and potential audiences beyond Instagram, we started writing a monthly Activate Health blog post that we feature in our monthly newsletter. “Why Voting is Good For Your Health and Our Collective Health”, “Activate Health to Eliminate Stigma”, and “Social Justice and Public Health”, are some examples of important messages we were able to elaborate on through our [blog posts](#).

Later, in the first 20 days of 2020, we ran a 20x20x20 campaign on Instagram: 20 ways to Activate Health, over 20 days, in 2020, to showcase a variety of ways of how our individual actions can have a population-level impact. Washing your hands, avoiding misinformation, and being kind to others are some examples of the actions we highlighted.

Little did we know the significance of Activate Health than on January 28th when the first case of COVID-19 was identified in our province. Suddenly, our lives were impacted by the existence of a global pandemic creating the opportunity to for us to drive home our message of the importance of our individual actions on our own health and the health of others, especially those of our family, friends and community.



OUR COMMUNITY

We had a very successful year focusing on our community, public engagement, events, showcasing our work, and expanding our reach. It was quite the eventful year!



May 15, 2019

We launched a new website and social media accounts.



May 3, 2019

We sponsored “Systems Change: Envisioning a Canada Beyond Prohibition” Public Forum, that featured a panel of drug policy experts from across the globe, moderated by Garth Mullins. This event was part of a global event (the Peter Wall International Research Roundtable) held in Vancouver to discuss international drug policy reform.



June 20, 2019

We launched our very first newsletter!



June 23, 2019

All BCCDC Foundation staff, plus a team of friends and supporters participated in the Scotiabank Marathon-5km run, raising \$3,150



Aug 7, 2019

Public Health Superheroes: We held a live public event held at Science World to demystify, debunk, and decode public health. A panel of public health experts from BCCDC discussed topics like sexually transmitted diseases, microbiology, harm reduction, communicable diseases and immunization services, and was moderated by Dr Bonnie Henry, our favourite BC Public Health Hero.



Sep 7, 2019

This Recovery Day BC our team joined Lifelabs’ booth at this event to speak one-on-one with folks from across the province about substance use, harm reduction, and how we can Activate Health and eliminate stigma together. ED Kristy Kerr was joined by peer expert and advocate for people who use substances, Erica Thomson, in a presentation on stigma, its role in the overdose crisis and what the public individually can do to lessen the burden of stigma.



Oct 18, 2019

We hosted the third annual Halloween educational/fun adults-only event at Science World. This year’s theme was time traveling with an historical epidemic twist. Over 50 experts from the BCCDC and Public Health Labs volunteered their time and knowledge. This sold-out event exposed 800 people to lessons learned from major epidemics throughout history.



Feb 12, 2020

Approximately 145 people attended a screening of the film “Resistance: Addressing the Threat of Drug-Resistant Infections” at Science World, followed by a Q&A with antimicrobial resistance and microbiology experts from BCCDC, UBC, Providence Healthcare.



FINANCIALS

INDEPENDENT AUDITORS REPORT

To the Directors of,
BCCDC Foundation for Population and Public Health

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of BCCDC Foundation for Population and Public Health (the “Foundation”), which comprise the statement of financial position as at 31 March 2020, and the statement of operations, statement of changes in fund balances and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Foundation as at 31 March 2020, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Foundation in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Foundation’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Foundation’s financial reporting process.

Auditors’ Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material

misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control.

Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Foundation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Foundation to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Other Legal and Regulatory Requirements

As required by the Societies Act (British Columbia), we report that, in our opinion, the accounting principles in Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with that of the preceding year.



CHARTERED PROFESSIONAL ACCOUNTANTS

VANCOUVER, BC
15 September 2020

FINANCIALS

STATEMENT OF FINANCIAL POSITION

	UNRESTRICTED FUNDS		RESTRICTED FUNDS		TOTALS	
	2020	2019	2020	2019	2020	2019
	\$	\$	\$	\$	\$	\$
ASSETS						
Current						
Cash and cash equivalents	98,689	215,675	-	-	98,689	215,675
Investments (Note 4)	-	-	2,028,001	2,883,151	2,028,001	2,883,151
Accounts receivable	35,400	2,450	-	-	35,400	2,450
Due from restricted fund	535,929	890,849	-	-	535,929	890,849
	670,018	1,108,974	2,028,001	2,883,151	2,698,019	3,992,125
LIABILITIES						
Current						
Accounts payable and acquired liabilities	14,845	13,629	260,275	103,326	275,120	116,955
Due to unrestricted fund	-	-	535,929	890,849	535,929	890,849
	14,845	13,629	796,204	994,175	811,049	1,007,804
COMMITMENTS (NOTE 5)						
FUND BALANCES						
Unrestricted	655,173	1,095,345	-	-	655,173	1,095,345
Restricted	-	-	1,231,797	1,888,976	1,231,797	1,888,976
	655,173	1,095,345	1,231,797	1,888,976	1,886,970	2,984,321
	670,018	1,108,974	2,028,001	2,883,151	2,698,019	3,922,125

APPROVED BY THE BOARD:

Kathy Ken

DIRECTOR

Cathy Dominato

DIRECTOR

FINANCIALS

STATEMENT OF CHANGES IN FUND BALANCES

	UNRESTRICTED	RESTRICTED	TOTALS	
			2020	2019
	\$	\$	\$	\$
BALANCE - BEGINNING OF YEAR	1,095,345	1,888,976	2,984,321	3,231,587
Cash and cash equivalents	(530,568)	(566,783)	(1,097,351)	(247,266)
Investments (Note 4)	90,396	(90,396)	-	-
BALANCE - END OF YEAR	655,173	1,231,979	1,886,970	2,984,321

FINANCIALS

STATEMENT OF OPERATIONS

	UNRESTRICTED FUNDS		RESTRICTED FUNDS		TOTALS	
	2020	2019	2020	2019	2019	2019
	\$	\$	\$	\$	\$	\$
REVENUES						
Contributions	11,073	179,127	199,767	97,667	210,840	276,694
Investment Income (Note 4)	(161,594)	127,026	-	-	(161,594)	127,026
In-Kind contributions (Note 2(d))	10,500	10,500	-	-	10,500	10,500
	(140,021)	316,653	199,767	97,667	59,746	414,320
EXPENSES						
PHSA Lab System Improvements	-	-	220,102	245,027	220,102	245,027
CIE Grants	-	-	93,500	-	93,500	-
Administration support	279,317	204,611	-	-	279,317	204,611
Open Awards Program	-	-	84,000	62,464	84,000	62,464
MOA Food Safety Project	-	-	5,136	2,846	5,136	2,846
MOH Food Safety Project	-	-	-	120	-	120
Investment management fees	18,937	17,892	-	-	18,937	17,892
MoH Foodborne Illness Project	-	-	175,000	-	175,000	-
Office	23,014	12,132	-	-	23,014	12,132
Consulting fees	56,962	56,746	-	-	56,962	56,746
Audit and accounting fees	11,350	10,745	-	-	11,350	10,745
Merck Research Week	-	-	671	1,750	671	1,750
Public Health Laboratory HCV NGS Pipeline Project	-	-	5,225	-	5,225	-
Legal Fees	967	3,529	-	-	967	3,529
Vancouver Foundation bgMSM Project	-	-	-	57,667	-	57,667
Chronic Complex Disease Research Program Data Registry	-	-	45,240	45,240	45,240	45,240
Chronic Complex Disease Research Program Chronic Fatigue	-	-	54,711	-	54,711	-
IBoost and KidsBoost Program	-	-	74,624	-	74,624	-
SOGIECE	-	-	8,341	-	8,341	-
TB Nurse Expense	-	-	-	2,234	-	2,234
	390,547	305,655	(61,417)	417,348	1,157,097	723,003
Recovery of funding expenses	-	-	-	(61,417)	-	(61,417)
	390,547	305,655	355,931	355,931	1,157,097	661,586
Excess (deficiency) of revenues over expenses for the year	(530,568)	10,998	(258,264)	(258,264)	(1,097,351)	(247,266)

FINANCIALS

STATEMENT OF CASH FLOWS

CASH PROVIDED BY (USED IN):	2020	2019
	\$	\$
OPERATING ACTIVITIES		
Deficiency of revenues over expenses	(1,097,351)	(247,266)
Items not involving cash:		
Realized (gain) loss on sale of investments	(13,58)	1,271
Unrealized loss on investments (Note 4)	296,174	3,359
	(814,535)	(242,636)
Changes in non-cash working capital balances		
Accounts receivable	(32,950)	559,411
Accounts payable and accrued liabilities	158,165	(101,721)
	(689,320)	215,054
INVESTING ACTIVITY		
Proceeds of sale on investments	979,523	18,287
Purchase of investments	(407,189)	(131,007)
	572,334	(112,720)
NET INCREASE IN CASH AND CASH EQUIVALENTS	(116,986)	102,334
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	215,675	113,341
CASH AND CASH EQUIVALENTS - END OF YEAR	98,689	215,675
CASH AND CASH EQUIVALENTS COSIST OF:		
Cash	73,389	190,675
Term deposits	25,300	25,000
	98,689	215,675

FINANCIALS

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

The financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations. The significant policies are detailed as follows:

(A) FINANCIAL INSTRUMENTS

(i) Measurement of Financial Instruments

The Foundation initially measures its financial assets and liabilities at fair value and subsequently measures all of its financial assets and financial liabilities at amortized cost, except for investments in equity instruments and other securities that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in the statement of operations.

Financial assets measured at amortized cost include cash and cash equivalents and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Financial assets measured at fair value include investments.

(ii) Impairment

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in the statement of operations. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in the statement of operations.

(iii) Transaction Costs

The Foundation recognizes its transaction costs in the statement of operations in the period incurred. However, financial instruments that will not be subsequently measured at fair value are adjusted by the transaction costs that are directly attributable to their origination, issuance or assumption.

(B) CASH AND CASH EQUIVALENTS

The Foundation's policy is to disclose bank balances under cash and cash equivalents, including bank overdrafts with balances that fluctuate frequently from being positive to overdrawn and highly liquid temporary investments usually with a maturity period of three months or less from the date of acquisition. Ten deposits that the Foundation cannot use for current transactions because they are pledged as security are excluded from cash and cash equivalents.

(C) REVENUE RECOGNITION

The Foundation follows the restricted fund method of accounting for contributions.

The Unrestricted Fund accounts for the administration of the Foundation and the unrestricted resources for general operating purposes. Unrestricted contributions are recognized as revenue of the Unrestricted Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

The Restricted Fund reports resources contributed for specific purposes which are recognized as revenue in this fund. Restricted contributions are externally restricted as specified by the donor at the date of contribution. Prior years restricted contributions are presented as an externally restricted fund balance. Investment income earned on Restricted Fund assets is recognized as revenue of the Unrestricted Fund.

Investment income includes dividends and interest income, and realized and unrealized investment gains and losses.

(D) CONTRIBUTED SERVICES

The Foundation recognizes contributed services when the fair value of such services can be reasonably estimated and the services are used in the normal course of the Foundation's operations and would otherwise have been purchased.

In-kind contributions recorded in these financial statements consist of the estimated fair value of office space expenses that were contributed to the Foundation during the year.

(E) USE OF ESTIMATES

The preparation of financial statements in conformity with Canadian accounting standards for notfor-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of management estimates include in-kind contributions and recognition of accrued liabilities. Management believes that the estimates utilized in preparing its financial statements are reasonable and prudent; however, actual results could differ from these estimates.

3. Financial Instruments

The Foundation is exposed to various risks through its financial instruments. The following analysis provides a measure of the Foundation's risk exposure and concentrations at the statement of financial position date, 31 March 2020.

(A) LIQUIDITY RISK

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Foundation is exposed to this risk mainly in respect of accounts payable and accrued liabilities. The Foundation manages liquidity risk by maintaining adequate cash and highly liquid investments. There has been no change to the risk exposure from the prior year.

(B) CREDIT RISK

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Foundation's main credit risks relate to its accounts receivable. The Foundation is not subject to significant credit risk. There has been no change to the risk exposure from the prior year.

(C) MARKET RISK

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Foundation is mainly exposed to interest rate risk and other price risk. There has been no change to the risk exposure from the prior year.

(D) INTEREST RATE RISK

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Foundation is exposed to interest rate risk on its fixed rate financial instruments. Fixed-rate instruments subject the Foundation to a fair value risk. The Foundation does not use financial instruments to reduce its risk exposure. There has been no change to the risk exposure from the prior year.

(E) OTHER PRICE RISK

Other price risk is the risk that the fair market value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Foundation is exposed to other price risk through its investments, which are held in professionally administered funds. These funds are subject to fluctuating returns based on the market and are exposed to the risk of market volatility. Risk has been assessed by management and an investment policy adopted to mitigate such market risk. There has been no change to the risk exposure from the prior year.

3. Investments

Investments consist of the following:

	2019		2019	
	COST	MARKET VALUE	COST	MARKET VALUE
Fixed Income	\$ 1,019,573	978,185	\$ 1,447,293	1,447,293
Equity	1,349,546	1,049,816	1,205,486	1,205,486
Cash Equivalents	-	-	275,316	275,316
	\$ 2,369,119	2,028,001	\$ 2,928,095	2,928,095

Investment (loss) income includes \$296,174 (2019 - \$3,359) of unrealized losses on the investment assets during the year.

4. Commitments

The Foundation is committed to annual payments under various award agreements between the 2021 to 2022 fiscal years as follows:

2021	\$ 766,576
2022	138,750
	<hr/>
	\$ 950,326

In addition, the Foundation has also committed to the following award agreements:

CCD Research Program Data Registry Project - a total of \$184,034 has been committed over five years, with payments starting in 2019, and with a maximum annual funding of \$45,240 for the first four years and a maximum of \$3,075 for the fifth year. This funding has been awarded on a cost recovery basis and the amount to be disbursed each year will be dependent on the actual expenditures as reported by the recipient. During the year, \$45,240 was disbursed with maximum funding of \$93,555 remaining to be disbursed in future years.

CCD Research Scholar Reward - a total of \$167,437 has been committed over three years, with payments starting in 2020, and with maximum funding of \$54,711 in the first year, \$55,805 in the second year and \$56,921 in the third year. This funding has been awarded on a cost recovery basis and the amount to be disbursed each year will be dependent on the actual expenditures as reported by the recipient. During the year, \$54,711 was disbursed with a maximum funding of \$112,726 remaining to be disbursed in future years.

5. Administration Fees

To ensure that funds are available for the ongoing administration and project management costs of the Foundation, an average of 15% of certain restricted contributions, or other amounts as agreed upon with the funder, are transferred to the unrestricted fund for this purpose.

OUR THANKS

Thank you to our Partners and our Donors

As we've expanded our fund development and educational efforts, we want to express our gratitude to everyone who has joined us and supported our projects and our priorities. Many annual and anonymous donors have supported us, and we've partnered with many new corporate and foundation partners.

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OUR BOARD & ADVISORS

Thank you to our 2019–2020 Board of Directors and Advisors

The BCCDC Foundation for Public Health will forever be indebted to its Board of Directors and Advisors who selflessly dedicate their time and leadership to help steward the Foundation. Many thanks are extended to our Board and our Advisors.

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Dr. David Patrick
Advisor, BCCDC Foundation
Director of Research, BCCDC

Additionally we'd like to thank two Directors who completed their terms during 2019-20: Donald J Avison, who was Board Chair for three years and a Director for five, and Dr. Judith Hall, who served as Director for five years. We are truly thankful for their work over the years.

BCCDC Foundation for Public Health

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